

# Coronavirus Risk Assessment

Company name: **Eastleigh Care Homes**

Assessment carried out by: **Connor Fewings**

Date of next review: **ongoing**

Date assessment was carried out: **Reviewed 19<sup>th</sup> June 2020**

What are the hazards?	Who might be harmed and how?	What are you already doing to control the risks?	What further action do you need to take to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done
<b>Covid-19 is spreading yet currently not in the Care Home</b>	Visitors become infected. Staff become infected. Residents become infected.	-Communicate regularly with Staff, Relatives, Visitors and residents to keep them up to date with our actions and changes to our plans -Advise those affected or those who have had contact with those affected to stay away from Care Home until they are 7 days clear of any Covid-19 symptoms (cough, fever, shortness of breath). -Ensure all people entering the care home wash their hands for 20 seconds -Ensure people sneeze and cough into tissues and dispose of tissues immediately and then wash their hands - Do not shake hands on greeting visitors to care home -No visitors except for extenuating circumstances	Keep abreast of PHE guidance as it is changing based on information learnt about this new virus.  Visitors to be assessed before entering the buildings and risks reviewed.	Everyone	With immediate effect 15/03/2020	

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		<p>-Ensure all staff have received infection prevention and control training Ensure residents care plans are kept up to date in relation to the issue consider anticipatory care and advanced care plan needs</p> <p>Staff are encouraged to observe, where possible, the social distancing guidance.</p> <p>If you are travelling to your workplace you will still need to observe the social distancing guidance whilst you are travelling, as far as is practical. Social distancing means staying 2 metres (6ft) apart from other people. Staff have been offered transport and bikes to assist with this and avoid public transport.</p>				

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<b><i>Covid-19 may infect those in our care</i></b>	Residents become infected. Staff become infected. Visitors become infected.	-Reduce risk of Covid-19 entering the Home by promoting handwashing; use of tissues when coughing/sneezing (or crook of elbow); immediate disposal of used tissues. Institute a Home based plan – double bagging and secure disposal in line with guide (72 hour delay to ordinary disposal practices) -Limit unnecessary visitors to the Home -Avoid large gatherings in the Home inc external entertainers and church choir visits have been cancelled until further notice.	In the first instance, do we have staff members who would volunteer to care for those affected (which may support staff members who are in the risk factors or who have close family members in the risk categories) -Ensure staff are using appropriate PPE (this needs to be specified and issued by the management team appropriately to ensure that we do not run out through inappropriate use	Everyone	With immediate effect.	
<b><i>Covid-19 enters home and infects a resident</i></b>	Residents become infected. Staff become infected	- Observing residents for any signs of cough, increased temperature or other concerning ailments	- Liaise immediately with Kirstie Barnes and / or home manager if there are ANY concerns that a resident has suspected or confirmed symptoms. They will direct where to locate additional	- Staff identifying concern - K.Barnes / Home manager to instigate	- Immediately once a concern presents	

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		<ul style="list-style-type: none"> <li>- Completing as required temperature checks of residents and staff to assess concerns</li> <li>- All absence calls from staff are being routed to Kirstie Barnes to ensure a consistent approach to management of any symptoms and to reduce exposure, whilst maintaining staffing levels</li> </ul>	<p>PPE supplies to protect all engaging with resident(s)</p> <ul style="list-style-type: none"> <li>- Implement immediate containment plans – room isolation, hyper vigilance in terms of day to day life</li> <li>-Institute enhanced staff training plan re safe care and contamination reduction</li> <li>-Segregate those affected in their own room with full barrier nursing</li> <li>-Notify 111 and GP if resident shows respiratory system compromised</li> <li>- Inform CQC of restrictions to service as result of suspected / confirmed case</li> <li>- Follow current care guidance in partnership with NHS advice and colleagues</li> <li>-Consider 'red team and 'green team' logistics. Define a set of staff willing and able to look after any infected resident or residents</li> <li>- Family discussion and enlisting primary care MDT review if able</li> </ul>	<p>additional protocols</p>		

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<b>Staff with pre-existing conditions will be at risk of significant ill health if exposed to virus</b>	Staff become seriously ill or even die if they acquire the virus.	-RAG rate all staff based on known health status -Protect those at significant risk from exposure to the virus -Seek medical advice as necessary	-Consider supporting these vulnerable staff to work from home or redeploy to minimise any risk to them - those who have chosen to work need to be updated with risks and assessed if potential exposure risks are increased	Management	With immediate effect.	
<b>Covid-19 will affect a significant number of staff</b>	Staff acquire virus as a result of caring for others	-Update duty rota on a daily basis as staff go off sick -Numbers of staff on duty may be reduced from the norm so make sure that staff unaffected are not working unduly long hours -Key staff (managers, Nurses, Line managers etc) may be asked to postpone their annual leave In severe staff shortage we reserve the right to cancel staff annual leave - maintain a log of people affected and self-isolating - Care practices will be prioritised e.g. personal care, medication, nutritional care etc. -Non-essential care may be reduced or stopped	- Keep all relevant people (Staff, Residents, Visitors) informed and up to date -Ensure family carers and or volunteers have knowledge of those they are supporting -Review whether to train family carers and volunteers so they offer safe support (All staff to follow standard emergency procedures and receive clear and appropriate induction to enable them to be safe, competent and confident)	Management	With immediate effect	

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		<ul style="list-style-type: none"> <li>-Non-care staff will be deployed to support care staff and spend time with Residents</li> <li>-Ensure staff use appropriate PPE</li> <li>-Ensure staff follow best Infection Prevention &amp; Control procedures</li> <li>-Domestic, Maintenance and Admin staff will disinfect door handles, handrails, toilets, hard surfaces and activities will be prioritised</li> <li>-Only if our staff levels drop to a point where we risk safety for our residents, and cannot access DCC/NHS support, we would then seek support from Relatives of Residents and Volunteers to support within the Home</li> <li>-Volunteers and available staff will cover any areas of the home which is short of staff e.g. kitchen, laundry etc.</li> <li>-Action will be taken to maintain homely feel e.g. use of music, flowers, activities, positive and reassuring atmospheres and routines (activities carried out in mainly individual not with groups)</li> </ul>				

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		Additional staff have been recruited to overcome this should it arise.				
<b>Staff vacancies exist</b>	Residents due to inadequate numbers of staff, Staff due to fatigue,	-Consider where appropriate to conduct interviews -Consider where to train new staff		Management and Trainers	As and when vacancies arise	
<b>Catering supplies may be in short and restricted supply</b>	Residents may receive inadequate nutritional intake	-Ensure that dry food store is well stocked with an additional week stock to the norm - promoting enhanced hydration and nutrition for all residents especially those deemed most vulnerable*		Manager		
<b>Medications may be in short supply</b>	Residents may not receive the treatment they require	Follow advice given by GP and Pharmacists – -Liaise with Pharmacy and GP to source alternatives to unavailable medications	be proactive in monitoring stock and take action as required – share with Home Senior Management	AP's / SCA's / Nurses		

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<b>Schools and Nurseries may close meaning staff have no childcare so cannot work</b>	Residents due to lack of staff availability to support their needs	-Identify staff with school age children - Look at rotas and identify any particular shifts with staff with children - Can staff members share childcare responsibilities	-Segregate children so those of parents exposed to virus are away from those who have no potential exposure.	Management	Plan with immediate effect	
<b>Shortage of PPE</b>	Staff at risk of being infected. Volunteers at risk of being infected. Residents at risk of being infected.	-Try to maintain PPE stock levels i.e. gloves, aprons, goggles, hand towels, hand gel, laundry red bags, black bags, tissues, wipes, toilet rolls, so a month supply is in place at any one time -Liaise with Suppliers, Local Authority and PHE to secure PPE when stock level falls to a two week supply  DCC email address for all Covid enquiries is: <a href="mailto:adultsc.adultcarehealthcovid19-mailbox@devon.gov.uk">adultsc.adultcarehealthcovid19-mailbox@devon.gov.uk</a>	-Ensure effective handwashing takes place -Ensure used PPE is disposed of correctly - await detail from Devon County Council re access to free PPE supplies	Management	With immediate effect	
<b>Shortage of Soap and cleaning products</b>	Staff at risk of being infected. Volunteers at risk of being infected.	-Ensure stock levels are supporting a month's use at any one time -Liaise with Suppliers, Local Authority and PHE to secure soap and cleaning products	-use alcohol gel to cleanse hands -use wet wipes to cleanse hands - use Milton if usual products unavailable	Management	With immediate effect	

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	Residents at risk of being infected.	when stock level falls to a two week supply				
<b>Multiple Residents vacancies may result from Residents dying</b>	Residents die. Staff (loose hours/jobs) Care Home (no longer financially viable)	-Consider opening beds to affected individual in Hospital	-Check Care Home insurance covers this -consider poor response from Relatives of Residents for putting existing Residents at risk.	Management	As and when this occurs	
<b>NHS and Social Care will have general shortage of staff</b>	Everyone may not be able to seek appropriate Health/Social care	-Refer to 111 -Follow national guidance -Be sensible and do not panic		Everyone	As and when this becomes an issue	
<b>Many Residents will die from Covid-19</b>	Resident dying. Relative grieving. Staff grieving.	-Supporting Residents and Families to create an Advance Care Plan. -Educating Residents, Relatives and Staff as to the importance of Advance Care Plans. -Ensure all staff know what each Resident's Advance Care plan states and that staff take all necessary steps to support the Resident's wishes.	- Establish preferred place of care - Complete TEP form i.e. establish wishes re allow natural death/DNACPR wishes	Staff Residents Relatives	From point of admission	

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<b>Misinformation on Social Media.</b>	Everyone by following incorrect information.	-Keep abreast of reliable information on <a href="http://www.gov.uk">www.gov.uk</a> site and from PHE. -Maintain effective communication with whole staff team. -Make people aware that as knowledge of Covid-19 increases guidance may change.		Management	With immediate effect and daily review and monitoring sharing accurate information	

\* Our most vulnerable review includes:

Those with pre existing compromised respiratory condition, people with advanced frailty and co existing condition that puts them at heightened risk, those with a history of chest infection, those with high or low BMI, people with poor mobility, those with advanced dementia requiring most of their needs anticipating, those felt to be approaching the end of their lives